EXPEDITED REINSTATEMENT (EXR)

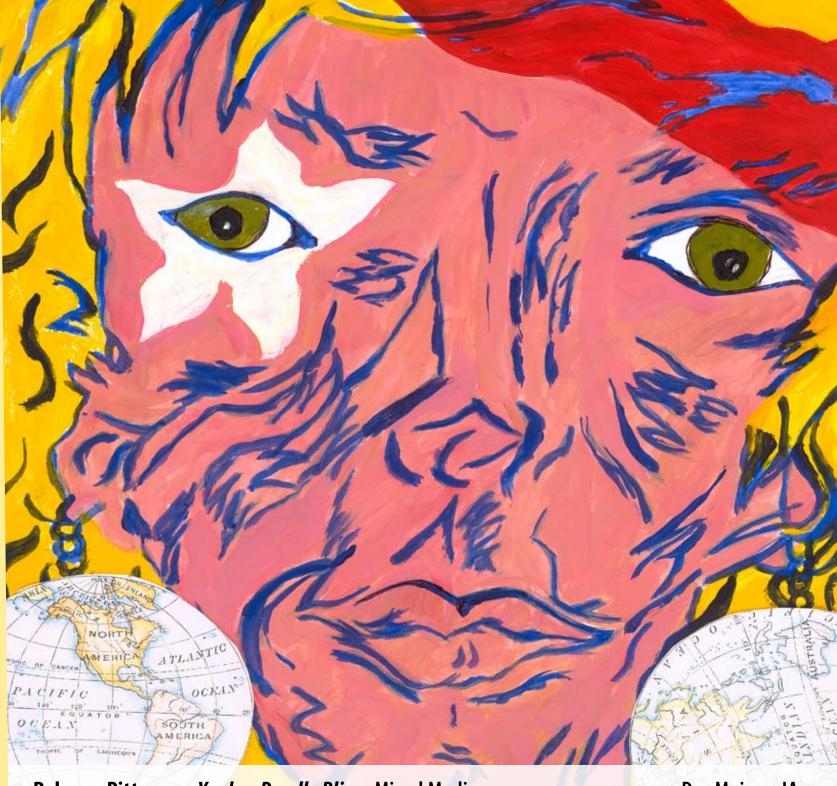
Expedited Reinstatement is a safety net for people who return to work and later lose their SSDI or SSI benefits and payments. If your cash payments ended because of work and earnings, and you stop work within five (5) years of time when your benefits ended, Social Security may be able to start your benefits again.

If your benefits end because of work and earnings, you can request that your benefits start again without having to complete an application if:

- Your benefits stopped because of earnings from work
- You are not performing Substantial Gainful Activity during the month reinstatement is requested
- You have an impairment that is the same as or related to the original impairment that qualified you for benefits
- You request EXR within 5 years from the month that eligibility is terminated

Contact Social Security Administration (SSA) www.socialsecurity.gov 800-772-1213 (toll free)





Rebecca Pittman – Yankee Doodle Bling, Mixed Media

Des Moines, IA

From portraiture to graphic design, Rebecca Pittman is an artist with a wide variety of interests and experience. She has worked as a graphic artist, production artist and amateur photographer. Rebecca lives and creates with a bipolar disorder.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SEPTEMBER 2011 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	NOVEMBER 2011 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	National Disability Employment Awareness Month	National Down Syndrome Awareness Month	National Spina Bifida Awareness Month	Brain Injury Awareness Month	1
2	3	4	5	6	7	8
	* Self-Employment Seminar Independence	* Self-Employment Seminar Independence		* Self-Employment Seminar Des Moines	*Self-Employment Seminar Des Moines	
9	10	11	12	13	14	15
	Columbus Day			* Work Incentive Seminar Cedar Rapids		
16	17	18	19	20	21	22
		Benefits Liaison Boot Camp Des Moines				
23	24	25	26	27	28	29
30	Halloween 31					

reported my	/ earnings	this mon	th to So	cial Security
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Date I reported:						
I reported by: O Phone	OLetter	O Person				
Name of the person I reported to:						

Gross earnings **received** (for SSI) this month \$_____

Gross earnings **earned** (for SSDI) this month \$_____

I received a receipt: O Yes O No
*For more information call **888-409-0283** – for the **seminars** scheduled each month.

